

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90004 001 ****61.25

DOCUMENT # N03000011007					
1. Entity Name COUNTRY CLUB CONDOMINIUM II AT EAST BAY ASSOCIATION, INC.					
Principal Place of Business 1200 COUNTRY CLUB DRIVE LARGO, FL 33771			Mailing Address C/O CMC INC 4175 EAST BAY DRIVE, SUITE 205 CLEARWATER, FL 33764		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3773911	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HILDEBRANDT, HAL C/O CMC INC 4175 EAST BAY DRIVE, #205 ST PETERSBURG, FL 33708			7. Name and Address of New Registered Agent Name: BLISS, KIRK Street: C/O CMC, INC 4175 East Bay Dr., Ste 205 City: Clearwater, FL 33764 Zip Code:		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:			DATE: 4/28/08		
(NOTE: Registered Agent signature required when reinstating)			Filing Fee is \$61.25 Due by May 1, 2008		
9. Election Campaign Financing <input type="checkbox"/>			\$5.00 May Be Added to Fees		
Trust Fund Contribution.			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME HALL, ROBERT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1200 COUNTRY CLUB DR, # 2506	CITY-ST-ZIP LARGO, FL 33771		NAME	STREET ADDRESS	
TITLE T	NAME SINGH, SATENDRA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1200 COUNTRY CLUB DR #2406	CITY-ST-ZIP LARGO, FL 33771		NAME	STREET ADDRESS	
TITLE S	NAME ORLOOP, ROBERT	<input type="checkbox"/> Delete	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1200 COUNTRY CLUB DR #2303	CITY-ST-ZIP LARGO, FL 33771		NAME	STREET ADDRESS	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		NAME Barbra Kuzin	STREET ADDRESS 1200 Country Club Drive, # 2403	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		NAME	STREET ADDRESS	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		NAME	STREET ADDRESS	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			DATE: 3/10/2008 (727) 581-7910		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		
SATENDRA P. SINGH					